

**New Jersey Department of Health and Senior Services
DEAD-ILL BIRD REPORT/LAB SUBMISSION FORM
West Nile Virus Surveillance 2004**

Health Department Name: _____ County: _____

Health Officer: _____ Telephone: _____

Name of Contact Person (for questions on information on form): _____

CALLER INFORMATION AND MAILING ADDRESS

Date Call Received: ____ / ____ / ____ Time of Call: _____

Name (first & last): _____ Telephone: _____

Mailing Address: _____
Street No. Street Name City Zip

BIRD SPECIFICS AND PHYSICAL LOCATION

Date Bird Observed: ____ / ____ / ____

Individual Who Picked Up Bird: _____ Telephone No.: _____

Is address same as caller's? ☐ Yes ☐ No If No, enter complete address below:

Specific Location of Dead/Ill Bird: (If address unknown, give cross streets, e.g. Elm St./Oak Rd.)

Street No. Street Name City Zip

PLEASE ANSWER ALL QUESTIONS:

A. Type (check one): ☐ Crow ☐ Other E. Is it 12" or longer from tail to beak? ☐ Yes ☐ No

B. Is bird intact? ☐ Yes ☐ No F. Has the bird been dead less than 24 hrs? ☐ Yes ☐ No

C. Date of Pickup/Date Reported ____ / ____ / ____ G. Was the bird submitted for testing? ☐ Yes ☐ No

If Yes, Date Submitted: ____ / ____ / ____

D. Is the bird entirely black including feathers, eyes, beak and legs? ☐ Yes ☐ No

Please fax this form to the West Nile Virus Program at 609-588-2546.

If you have any questions, please call 609-588-3121.

Place bird into a one-gallon, clear, plastic bag with an "Easy Close Slider/Zipper." Please attach one copy of the USI/Barcode to the bag and one in the upper right-hand corner of this form. Place this completed form facing outward into a separate clear, plastic zip lock bag. Do NOT fold or cover this form. Firmly secure the two (2) bags to each other with staples.

If specimen is not submitted in the proper bags with completed paperwork, testing will NOT be performed.

NOTE: Keep bird refrigerated. DO NOT FREEZE.

DO NOT use ground delivery services such as Federal Express or UPS.

VIROLOGY LABORATORY ADDRESS: NJ Dept. of Health and Senior Services, Virology Laboratory, Specimen Receiving & Distribution Unit, Health & Agriculture Building, Warren & Market Streets, Trenton, NJ 08625-0361.

FOR LABORATORY USE ONLY

Accession Number _____ Final Result _____

Fish Crow (<33 mm) _____ Crow Species (31-33 mm) _____ American Crow (≥34 mm) _____

Date Harvested _____ Date Tested _____ Date Data Entered _____

TaqMan _____ Tissue Culture _____ IFA _____

Comments: _____